

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000035541

1. Entity Name

TECHMASTER SOLUTIONS, INC.

NEW ADDRESS

Principal Place of Business

Mailing Address

CONSULTING-
PLACE OF BUSINESS IS
CLIENT SITE

5921 SW 16 CT
PLANTATION, FL 33317

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5921 SW 16 CT

PLANTATION, FL

FL 33317

US

4. FEI Number

65-0828956

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARIBEL CANINO
1502 SPRINGSIDE DR
WESTON, FL 33326

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Maribel Canino

6/20/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11.

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PRESIDENT
MARIBEL CANINO
5921 SW 16 CT.
PLANTATION, FL 33317

☒ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

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STREET ADDRESS

CITY-ST-ZIP

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☐ Delete

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NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Maribel Canino

6/20/00

9545870305

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

Doc# P98000035541

308413

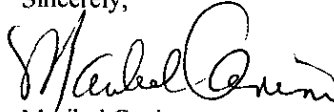
5921 SW 16 Court
Plantation, Fl 33317
July 10, 2000

Florida Department of state
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

Reference Number: P98000035541

In response to your letter dated June 22, 2000, please find a corrected UBR form attached. As previously requested in my initial correspondance, I would like to ask for your consideration in waiving the \$400.00 late fee. This is the second year of filing for my corporation. The first year was done by my accountant, without my knowledge. He probably expected I receive the preprinted form in the mail, but unfortunately I did not. This was due to a change of address which was effective last year. Although I requested all mail to be forward, it all does not reach the new address. Again, I would appreciate your consideration on this matter.

Sincerely,


Maribel Canino